

**Children's
Administration**

Jennifer Strus, Assistant Secretary

2013-2015

Strategic Plan

June 2014



VISION

An end to child abuse
and neglect

MISSION

To transform lives by
acting to protect children
and promote healthier
families through strong
partnerships with the
community and tribes

VALUES

Honesty and Integrity
Pursuit of Excellence
Open Communication
Diversity and Inclusion
Commitment to Service
Collaboration
Compassion
Respect

Introduction

The Department of Social and Health Services Children's Administration (CA) is the public child welfare agency for the state of Washington. Our 2,400 staff in 46 field offices work with children, families and the community to identify their needs and develop a plan for services that support families and assure the safety and well-being of children. These services are designed to reduce the risk of abuse, find safe alternatives to out-of-home placement and assure safety and permanency for children in out-of-home care.

CA's core services focus on the following:

- **Child Protective Services (CPS)** – Persons who suspect that a child is being abused or neglected contact CPS with their concerns. During state Fiscal Year 2013, 39,928 referrals were investigated. In most of these cases, a social worker was required to conduct an initial face-to-face meeting with the child victim within 24 or 72 hours of receiving the referral. Most CPS investigations must be completed within 90 days (policy permits some exceptions).
- **Family Assessment Response (FAR)** – In January 2014, in three offices (Aberdeen, Lynwood, and a portion of Spokane), social workers began providing a differential response to low and moderate allegations of child abuse or neglect. This differential response, called Family Assessment Response (FAR), is a voluntary option for families who qualify. In FAR, there is no investigation and no finding of whether the alleged abuse or neglect occurred. Social workers work with the family, building on their strengths to establish the community supports the family needs to be successful in the long-term. Assuming adequate state funding, CA plans to implement FAR statewide by 2016.
- **Child and Family Welfare Services (CFWS)** – Whether a dependency petition has been filed or the family has agreed to services or placement of their child through Family Voluntary Services, our CFWS social workers work with the families and children to reunify them or to find other permanent options for the children. As of April 2014 there were 8,736 children in out of home care. Of that group of children, 3,623 (41.5 percent) were in the care of relatives rather than, for example, foster homes.
- **Division of Licensed Resources (DLR)** – The staff in DLR license foster homes, complete home studies for relatives, and investigate alleged violations of licensing standards by licensed providers as well as allegations of abuse or neglect by licensed providers. As of April, 2014 there were 5,122 licensed foster homes. DLR staff also conduct adoption home studies that are used in the adoption of legally free children into permanent homes.

DSHS Goals

Goal 1

HEALTH – Each individual and each community will be healthy.

Goal 2

SAFETY – Each individual and each community will be safe.

Goal 3

PROTECTION – Each individual who is vulnerable will be protected.

Goal 4

QUALITY OF LIFE – Each individual in need will be supported to attain the highest possible quality of life.

Goal 5

PUBLIC TRUST – Strong management practices will ensure quality and efficiency.



CA emphasizes child safety at every stage of our involvement with children and their families. Safety is at the forefront of every aspect of our work as we endeavor to achieve the following:

- Maintain children in their own homes and prevent out-of-home placement.
- Serve and support children during the time they are in out-of-home care.
- Return children home safely as quickly as possible.
- Support children in homes of fit and willing relatives.
- Secure permanent families for children who cannot safely return home.
- Decrease the over-representation of children of color in the child welfare system.

Through our partnerships with communities and community-based services, CA works with parents in safely parenting their children and achieving family self-sufficiency.

Through the Fostering Well-Being Program, CA provides health coordination for children in out-of-home care. In addition, CA uses early and periodic screening, diagnosis and treatment for children involved in the public child welfare system and has implemented a process for ensuring that medically fragile children in our care are connected to ongoing and appropriate health care.

CA works diligently to provide exemplary services to vulnerable children and families, to constantly assess our performance outcomes and to practice good stewardship of state resources. While our first commitment is to the vulnerable children of Washington and their families, our guiding principles of collaboration, compassion and respect increase public trust through the course of our day-to-day actions and interactions and ongoing rigorous self-appraisal.

Goals

Governor Jay Inslee's Results Washington Goals

CA is a partner in Governor Jay Inslee's **Results Washington**, a focused effort to create effective, efficient, accountable government.

Results Washington Goal Area number 4 is Healthy and Safe Communities. Under this goal area, CA has lead responsibility for three success metrics under the *Safe People: Protection and Prevention* success indicator. CA's three **Results Washington** success metrics are:

- Decrease the percentage of children with a founded allegation of abuse or neglect who have a new founded allegation within six months.
- Decrease the length of stay in out-of-home placement for children in state foster care.
- Increase the percentage of child victims seen by a social worker within 24 hours of the intake in emergent cases.

Department of Social and Health Services (DSHS) Goals

As a member of the DSHS team, CA also has lead responsibility for performance metrics that fit within DSHS' departmental goals. DSHS has the following five broad goals:

- **Health** – Each individual and each community will be healthy.



- **Safety** – Each individual and each community will be safe.
- **Protection** – Each individual who is vulnerable will be protected.
- **Quality of Life** – Each individual in need will be supported to obtain the highest possible quality of life.
- **Public Trust** – Strong management practices will be used to ensure quality and efficiency.

All of CA’s success metrics are in support of the DSHS Protection goal. The CA success metrics are:

- The average active caseload for child welfare social workers will meet the nationally recommended standard.
- Percentage of child victims seen by a social worker within 24 hours of the intake in emergent cases will increase.
- Percentage of children in placement who received a visit to evaluate their health and safety during a calendar month they were in care will increase.
- Percentage of children with a founded allegation who have a new founded allegation within six months will decrease.
- Percentage of children not re-entering placement within 12 months of reunification will increase.
- Percentage of all children currently in care for at least one year who have not moved within 12 months of their previous move or their entry into placement will increase.
- Disparity ratio of minority-to-white children who remain in out-of-home care for more than two years will decrease.
- Number of full-time Child Protective Services workers with more than 25 cases will decrease.
- Number of Child Protective Services investigations open more than 90 days will decrease.
- Percentage of children in foster care longer than five years will decrease.
- Number of outstanding Memorandums of Understanding (MOUs) completed between tribes and regional child welfare offices will increase.

Strategic Plan

Below are the details of our Strategic Plan to meet our Strategic Objectives. Each Strategic Objective is discussed under its larger DSHS goal area. Each Strategic Objective includes a statement of its importance, a qualification of a success measure and a timeline for achieving it and, most importantly, an Action Plan. CA Strategic Objectives are monitored and updated quarterly at <http://www.dshs.wa.gov/ppa/strategic.shtml>. Each CA Action Plan is also updated quarterly.



Strategic Objectives, Importance, Success Measures and Action Plans

DSHS Goal 3: Protection - Each individual who is vulnerable will be protected

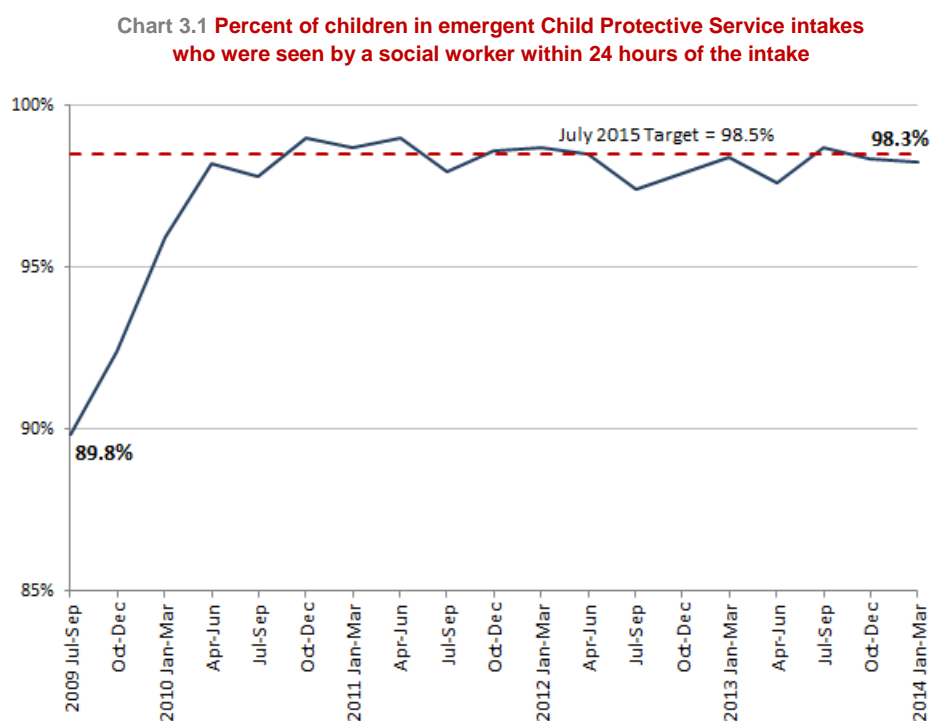
Strategic Objective 3.1: Percentage of alleged child victims seen by a social worker within 24 hours of the intake in emergent cases will increase.

Importance: To assure the safety of children in emergent cases, they must be seen quickly after an intake is received. Research has shown that the more quickly children are seen in an emergent intake; the less likely they will suffer additional harm.

Success Measure: Increase the percentage of children in emergent Child Protective Services intakes who are seen by a social worker within 24 hours of the intake from 97.6 percent to 98.5 percent by July 2015.

Action Plan: CA staff conducted a Lean process on this objective. Please see attached A-3 for the details of the Action Plan.

See analysis and plan at: [CA Action Plan 3.1 – 24 hour emergent response](#)



Strategic Objective 3.2: Percentage of children in placement who received a visit to evaluate their health and safety during a calendar month they were in care will increase.

Importance: When the state takes responsibility of a child, it has a higher obligation to assure that child's safety. To assure the continued safety and well-being of children in care, social workers must conduct regular monthly visits.

Success Measure: The percentage of children receiving safety and health visits increases from 97.1 percent in June 2013 to 98 percent by July 2015.

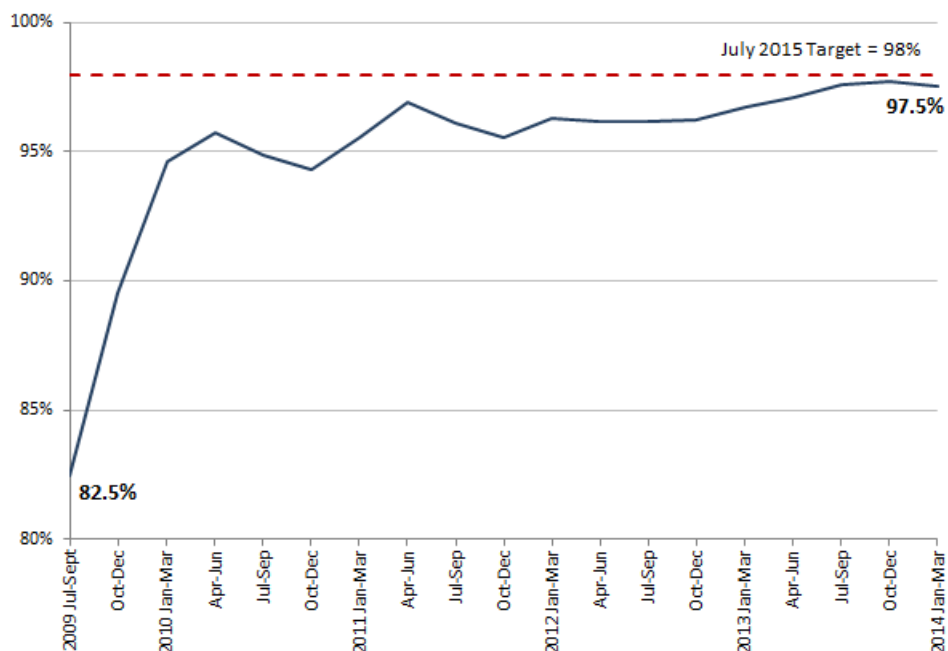


Action Plan: Completion of health and safety visits is monitored and reported regularly at an office and worker level to support ongoing improvement.

Regular case reviews are conducted in each office over a certain period of time and one of the items that is reviewed is the number and substance of health and safety visits. These reviews allow us to track, by office, how well we are performing.

Enhancements to data reporting support timely monitoring of performance.

Chart 3.2 Percent of children in placement who received a visit to evaluate their health and safety during a calendar month they were in care



Strategic Objective 3.3: Percentage of children with a founded allegation who have a new founded allegation within six months will decrease.

Importance: The impact of child abuse or neglect on child victims can be devastating; stopping the cycle is critical for the continued well-being of the children involved.

Success Measure: Decrease the percentage of children with a founded allegation of abuse or neglect who have a new founded allegation within six months from 7.9 percent in June 2012 to 6.0 percent by December 31, 2015.

Action Plan: CA staff conducted a Lean process on this objective. Please see attached A-3 for the details of the Action Plan.

The practice tools used by social workers have been enhanced to improve the comprehensive assessment of family needs and issues that impact child safety.



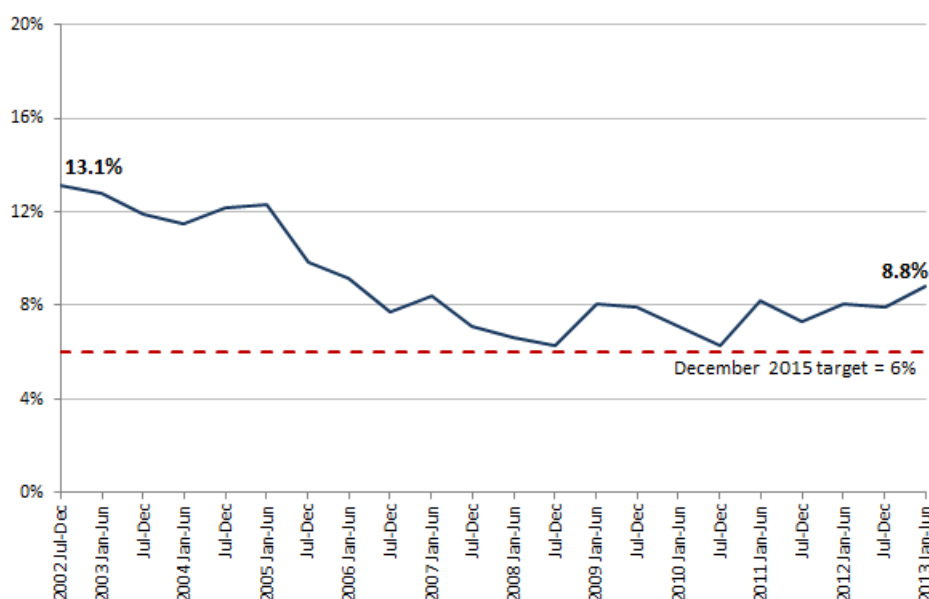
The use of evidence-based services is being expanded statewide to ensure that families are receiving services that effectively address their needs.

Contracts for services are being transitioned to performance-based contracts so providers' performance can be measured.

Implementation of the Family Assessment Response (FAR) will provide families with supports and resources to safely and successfully parent their children without recurrence of abuse or neglect. Expansion of FAR statewide should positively impact this measure.

See analysis and plan at: [CA Action Plan 3.3 – Recurrence of Maltreatment](#)

Chart 3.3 Percent of children with a founded allegation who have a new founded allegation within six months



Strategic Objective 3.4: Percentage of children not re-entering placement within 12 months of reunification will increase.

Importance: It can be harmful to children to experience multiple placement episodes.

Success Measure: The percentage of children not re-entering placement within 12 months of reunification increases from 86.5 percent in December 2011 to 87 percent by July 2015.

Action Plan: Monthly health and safety visits assure families are safe, supported, and stable during the six month transition home period before dependencies are dismissed.

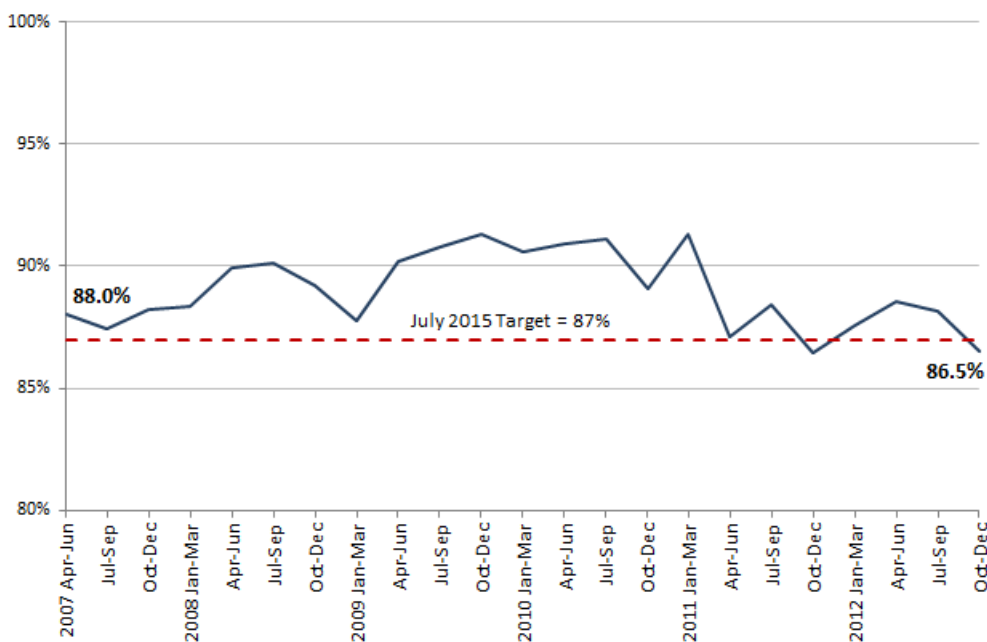
Family Team Decision Making meetings are used at the time of reunification to engage families in identifying strengths, needs and resources to support a successful transition home.



The use of evidence-based services is being expanded statewide to ensure that families are receiving services that are addressing their needs and supporting child safety and stability.

Practice tools implemented in October 2013 will help to ensure critical information to assess families and provide services is captured, analyzed and communicated effectively.

Chart 3.4 **Percent of children not re-entering placement within 12 months of reunification**



Strategic Objective 3.5: Percentage of all children currently in care for at least one year who have not moved within 12 months of their previous move or their entry into placement will increase.

Importance: Children in safe, stable placements are likely to be healthier, and more well-adjusted.

Success Measure: The percentage of all children currently in care for at least one year who have not moved within 12 months of their previous move or their entry into placement increases from 42.5 percent in December 2012 to 43.8 percent by July 2015.

Action Plan: Increase supports for licensed caregivers and relatives caring for children in the child welfare system, including creating regional teams to address licensing barriers and providing staff and caregiver training to meet the unique needs of relatives caring for children.

Revise minimum licensing standards to simplify language so that rules are easily understood and provide flexibility in meeting standards while assuring child safety.

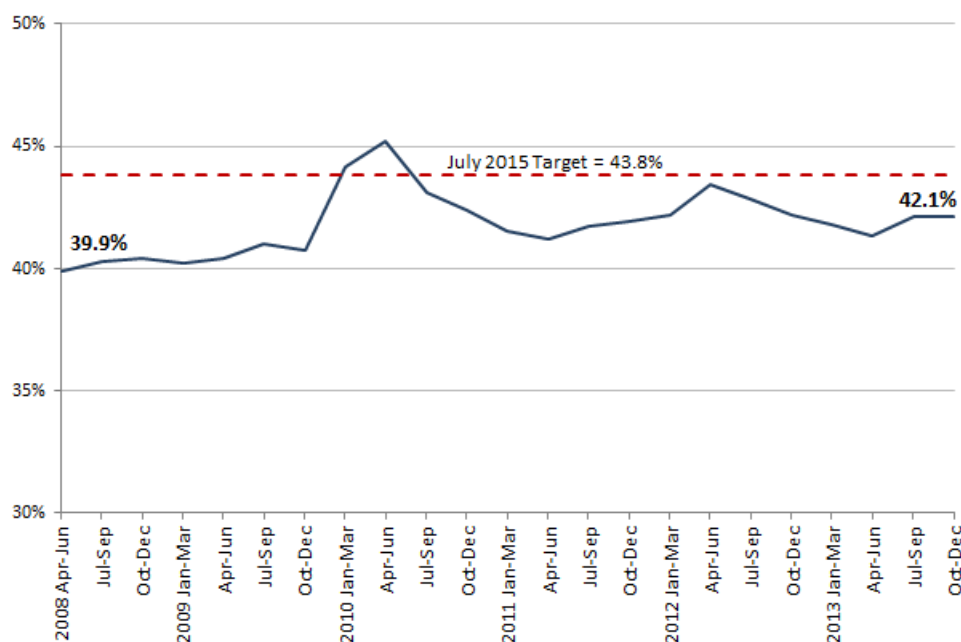
Continue to complete monthly health and safety visits to assure families are safe, supported and stable and that resource needs are identified in a timely manner.



Family Team Decision Making meetings are used to identify needs and resources to stabilize youth in out of home care and minimize placement moves.

Revise the Secretary's List of Crimes and Negative Actions to increase placement opportunities for relative caregivers.

Chart 3.5 Percent of all children currently in care for at least 1 year who have not moved within 12 months of their previous move or their entry into placement



Strategic Objective 3.6: Disparity ratio of minority-to-white children who remain in out-of-home care for more than two years will decrease.

Importance: Children of color should not be over-represented in out-of-home care.

Success Measure: The disparity ratio of minority-to-white children who remain in out-of-home care for more than two years decreases by July 2015.

Action Plan: CA staff conducted a Lean process on this objective. Please see attached A-3 for the details of the Action Plan.

The Department engages in disproportionality awareness and bias reduction training as a vital step in efforts to eliminate disproportionality in the child welfare system.

The Washington state Racial Disproportionality Advisory Committee has identified length of stay as an area of focus for CA; specifically reducing long-term foster care as a plan for children and youth of color

CA continues its Permanency Roundtables to decrease length of stay in out-of-home care.

Regional disproportionality leads monitor length of stay by race/ethnicity and develop

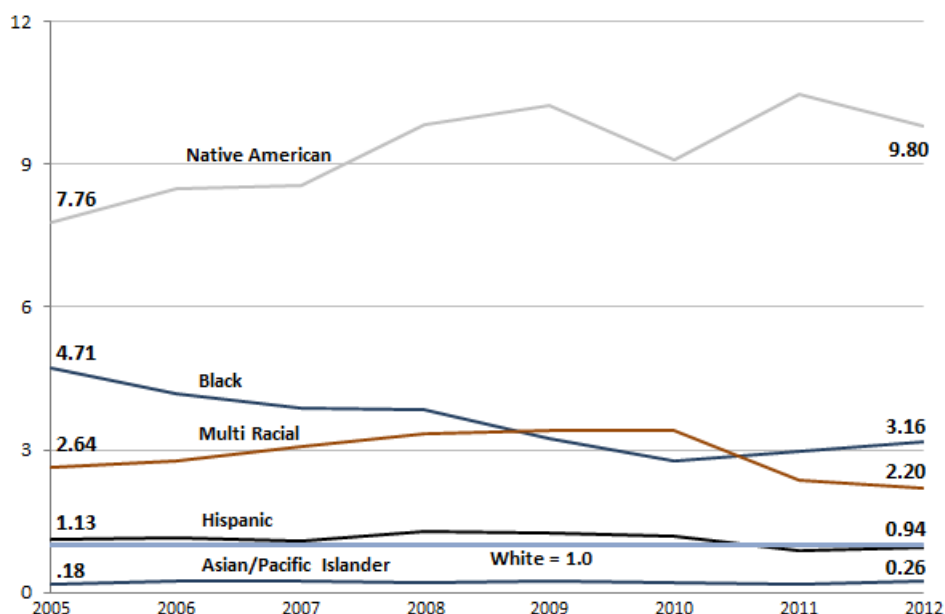


recommendations that drive outcomes for children of color.

CA will expand statewide contracts to increase the pool of potential caregivers and placement options across the state, particularly for Native American, African American and multiracial children.

See analysis and plan at: [CA Action Plan 3.6 – Disproportionality](#)

Chart 3.6 Disparity ratio of minority to white children who remain in out-of-home care for more than two years



Strategic Objective 3.7: Number of full-time Child Protective Services workers with more than 25 cases will decrease.

Importance: Social workers are better able to provide case management and service to children and families when their caseload sizes are manageable.

Success Measure: The CPS average caseload ratios will decrease from 1:20.3 to 1:15 by July 2015.

Action Plan: This measure is impacted by the number of accepted intakes, staff turnover and vacancies. There was a 19.6 % increase in intakes accepted for investigation for October 2013-March 2014 as compared to October 2012-March 2013

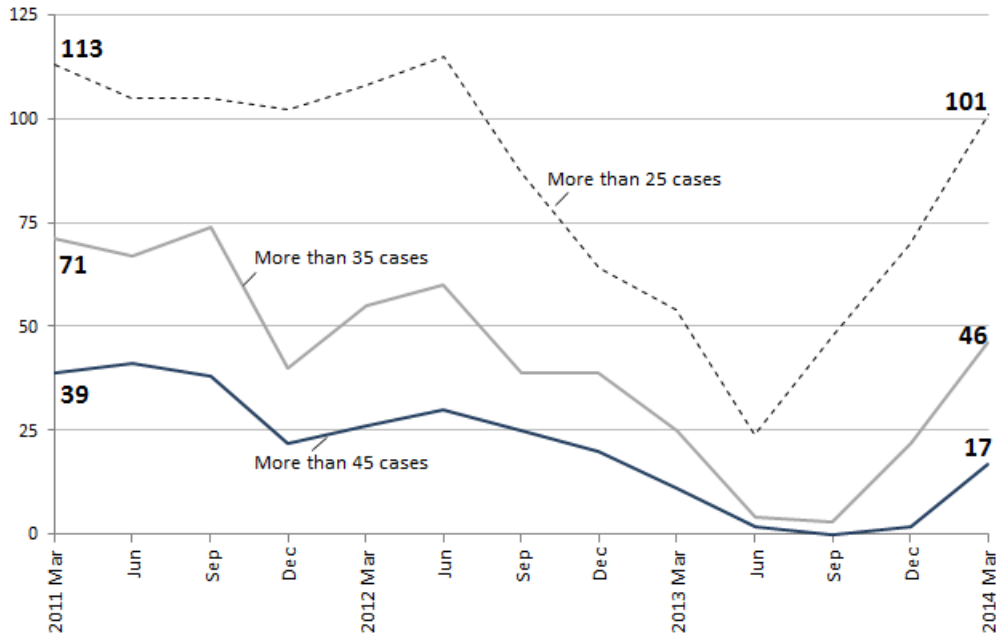
CA is working with the Alliance for Child Welfare Excellence to develop a pool of qualified CPS workers to reduce the time it takes to fill vacant social worker staff positions.

Caseload sizes will continue to be monitored on an ongoing basis for early identification of increasing caseloads and identification of strategies to maintain lower caseload sizes.

CA will continue to monitor assigned investigations and allocation of staff across the state.



Chart 3.7 Number of full time Child Protective Services workers with more than 25 cases



Strategic Objective 3.8: Number of Child Protective Services investigations open more than 90 days will decrease.

Importance: To provide the greatest protection to children and families, social workers' must consistently close cases within 90 days.

Success Measure: The number of Child Protective Services investigations open more than 90 days decreases from 15.5 percent in September 2013 to 6 percent by July 2015.

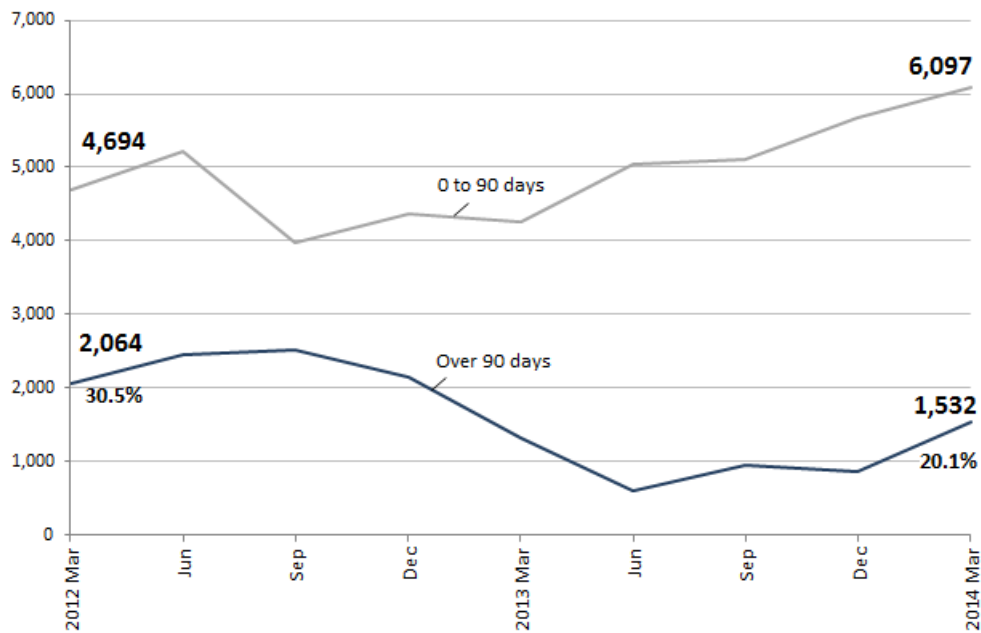
Action Plan: This measure is impacted by the number of accepted intakes, staff turnover and vacancies. There was a 19.6 % increase in intakes accepted for investigation for October 2013-March 2014 as compared to October 2012-March 2013.

CA will continue to focus on recruitment of qualified CPS staff to lower caseloads.

Supervisors will continue to track CPS cases open longer than 90 days to identify programmatic, practice, staffing and systemic barriers to case closure and assure that cases are closed when it is safe and appropriate to do so.



Chart 3.8 Number of Child Protective Services investigations open more than 90 days



Strategic Objective 3.9: Percentage of children in foster care longer than five years will decrease.

Importance: All children who cannot safely reside with their parents deserve a safe, permanent home.

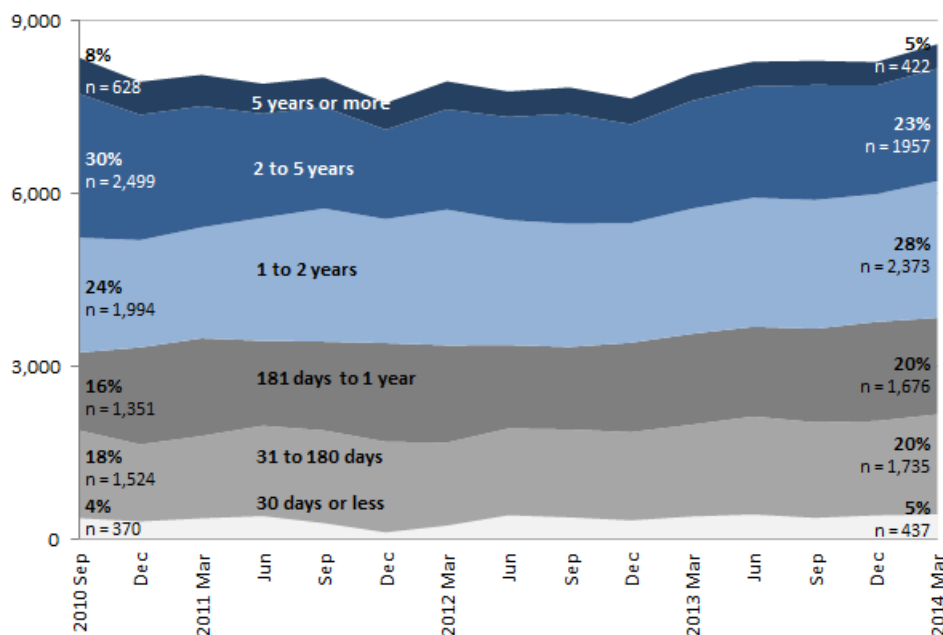
Success Measure: Decrease the percentage of children in Division of Children and Family Services out-of-home placement five years or more from 5.7 percent in June 2013 to 5.5 percent by July 2015.

Action Plan: CA staff conducted a Lean process on this objective. Please see attached A-3 for the details of the Action Plan.



See analysis and plan at: [CA Action Plan 3.9 – Permanency](#)

Chart 3.9 **Number of DSHS Children by length of stay in out-of-home placement**



Strategic Objective 3.10: Number of outstanding Memoranda of Understanding (MOUs) completed between tribes and regional child welfare offices will increase.

Importance: It is important to know how different tribes interact with the state in child welfare cases to better serve native children and show respect for sovereignty of tribes.

Success Measure: The number of outstanding Memoranda of Understanding completed between tribes and regional child welfare offices will increase from 8 in September 2013 to 29 by July 2015.

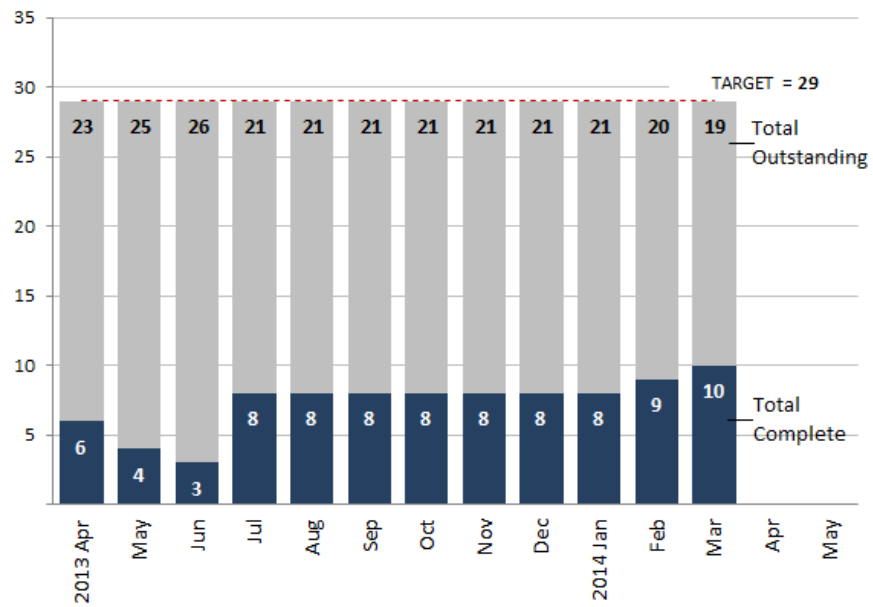
Action Plan: CA field and headquarters staff are actively engaging tribes, providing support and problem solving barriers to completion of and updates to MOUs.

As of March 2014, ten MOUs had been completed.

The current status of the MOUs will be updated monthly and provided to the Assistant Secretary and Secretary.



**Chart 3.10 Number of outstanding Memorandums of Understanding (MOUs)
Completed between Tribes and regional child welfare offices**



Department of Social and Health Services Children's Administration

